Chemical Peel Consent

Informed consent for chemical peel treatments including glycolic, salicylic, TCA, and phenol peels

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Peel Details

Type of Chemical Peel *

- [ ] Superficial (Glycolic, Lactic, Salicylic)
- [ ] Medium Depth (TCA 15-35%)
- [ ] Deep (TCA 50%+ or Phenol)

Treatment Areas *

- [ ] Full face
- [ ] Neck
- [ ] Chest/Decolletage
- [ ] Hands
- [ ] Back

Treatment Goals *

- [ ] Acne / Acne scarring
- [ ] Hyperpigmentation / Sun damage
- [ ] Fine lines and wrinkles
- [ ] Skin texture improvement
- [ ] Uneven skin tone

Skin & Health Screening

Fitzpatrick Skin Type *

- [ ] Type I - Always burns, never tans
- [ ] Type II - Usually burns, tans minimally
- [ ] Type III - Sometimes burns, tans uniformly
- [ ] Type IV - Burns minimally, tans easily
- [ ] Type V - Rarely burns, tans darkly
- [ ] Type VI - Never burns, deeply pigmented

Are you currently using retinoids (Retin-A, tretinoin, retinol)? *

- [ ] Yes
- [ ] No

Have you had significant sun exposure or sunburn in the past 2 weeks? *

- [ ] Yes
- [ ] No

Do you currently have any active skin infections, open wounds, or cold sores on the treatment area? *

- [ ] Yes
- [ ] No

Have you taken isotretinoin (Accutane) in the past 6 months? *

☐ Yes ☐ No

Risks & Expected Recovery

Expected Effects:
- Redness, stinging, and warmth during and immediately after treatment
- Peeling and flaking for 3-10 days (varies by peel depth)
- Temporary tightness and dryness

Potential Risks:
- Prolonged redness or irritation
- Hyperpigmentation or hypopigmentation (especially in darker skin tones)
- Scarring (rare, more likely with deeper peels)
- Infection (bacterial, viral, or fungal)
- Allergic or sensitivity reaction
- Reactivation of herpes simplex (cold sores)
- Uneven results or lines of demarcation

Post-Care Requirements:
- Strict sun avoidance and SPF 30+ sunscreen daily for at least 4 weeks
- Do not pick or peel flaking skin
- Keep treated area moisturized as directed
- Avoid active skincare (retinoids, AHAs, BHAs) until cleared by provider

I understand the expected recovery process and potential risks of chemical peel treatment, including the possibility of pigmentation changes, scarring, and the need for strict sun protection.

I understand the risks and recovery timeline: _____

Service Log

For office use only

	Date	Product	Concentration	Application Time
Entry 1				
Entry 2				
Entry 3				
Entry 4				

Consent & Signature

I consent to the chemical peel treatment described above. I have disclosed all relevant medical information and understand the risks, benefits, and alternatives. I agree to follow all pre and post-treatment instructions. No guarantees have been made regarding the outcome.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY